

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

PAGE 1 / 2

2018 JAN 26 AM 11:17

1. (a) Name of Candidate (in full) Gillibrand, Kirsten, Elizabeth, ,		
(b) Address (number and street) 52 East Road		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Brunswick NY 12180		2. Candidate's FEC Identification Number SONY00410
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought Senate		6. State & District of Candidate NY

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Gillibrand for Senate		
(b) Address (number and street) 126 C Street, NW 2nd Floor		
(c) City, State, and ZIP Code Washington DC 20001		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **Signature of Candidate**

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Gillibrand Victory Fund		
(b) Address (number and street) 124 Washington Street Suite 101		
(c) City, State, and ZIP Code Foxboro MA 02035		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

	Date
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Gillibrand McCaskill Senate 2018

(b) Address (number and street)

124 Washington Street
Suite 101

(c) City, State, and ZIP Code

Foxboro

MA

02035

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Arizona Nevada New York Victory 2018

(b) Address (number and street)

124 Washington Street
Suite 101

(c) City, State, and ZIP Code

Foxboro

MA

02035

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Blue Senate 2018

(b) Address (number and street)

918 Pennsylvania Ave, SE

(c) City, State, and ZIP Code

Washington

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

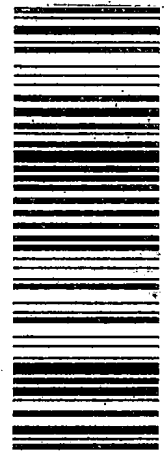
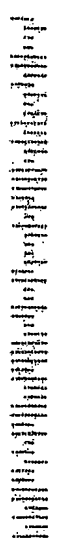
(b) Address (number and street)

(c) City, State, and ZIP Code

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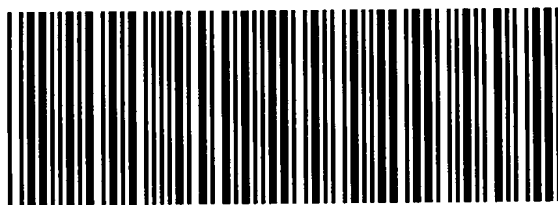
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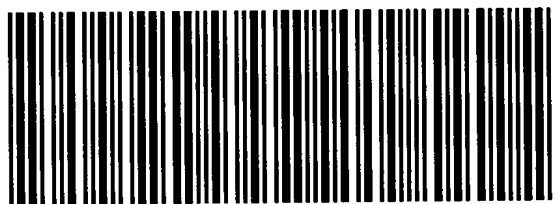
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